

Note

Meeting

Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases

23 September 2021

On 23 September 2021, the Sub-group on Cancer under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases held a virtual meeting, jointly chaired by DG RTD and DG SANTE. The representatives of 24 Member States, plus Norway, attended the meeting together with a number of Commission services, and agencies¹. The Deputy Director-General, DG RTD, welcomed participants to the meeting and gave a brief overview and outlook of the Mission on Cancer.

The objective of the fourth meeting was to update Members on the Mission on Cancer, the Cancer Plan and its Roadmap, to discuss the initiative on the "Right to be Forgotten", and to define the mandate of two Thematic Working Groups.

Update on the Mission on Cancer

DG RTD updated Sub-group members on the Mission on Cancer. In its role as responsible committee for the Work Programme on Missions under Horizon Europe, the Strategic Programme Committee met on 31 August (all missions) and on 07 September (informal meeting on cancer mission) to discuss the first amendment to the Work Programme 2021-2022 (topics for year 2021). It will meet again on 27 September for a final discussion. By the end of September, the Commission Communication on Missions will be adopted, representing the official launch of the five Missions; a further update of the Work Programme 2021-2022 (topics for year 2022) on Missions will be prepared during the fourth quarter of 2021.

Member States' interventions

Member States shared developments at the national level, such as the preparation of new cancer-related initiatives, national cancer events, and other relevant activities. **Belgium** explained how it intends to align their national plan with the Mission on Cancer and the Europe's Beating Cancer Plan to bring about concrete improvements in cancer control and care. It aims to create an inventory of the needs in cancer care in Belgium and to develop a process to ensure alignment at the national level with European initiatives in order to optimise activities. **Poland** presented the priorities of the Maria Skłodowska-Curie National Research Institute of Oncology, including international collaboration, integration of clinical practice with basic science, clinical trials for oncology, computational oncology, and the Centre for Excellence in precision oncology. **Germany** presented a short update on the two key national initiatives driving cancer control policies: the National Cancer Plan with a focus on oncological care, and the National Decade against Cancer with a focus on cancer

¹ Directorates-General represented included Communication Networks Content and Technology (CNECT), Education and Culture (EAC), Energy (ENER), Employment, Social Affairs and Inclusion (EMPL), Financial Stability, Financial Services And Capital Market Union (FISMA) Mobility and Transport (MOVE), as well as the Joint Research Centre (JRC) and a representative from the European Health and Digital Executive Agency.

research. There was an enriching and vibrant discussion between Member States on both these national initiatives.

Sweden asked Member States how they measured their national level of implementation. **Poland** responded that in February 2020, they identified 12 specific cancers, around which they built implementing guidelines to advise practitioners how to diagnose and treat patients. These guidelines are monitored for effectiveness with real-world evidence and real-world data, from information stored in a database. **Belgium** also has national guidelines for the most important cancers. Faced with the same monitoring implementation issue as Poland, they have started discussions, including incorporating real-time data collection.

In **Germany**, the cancer screening registries act was passed in 2013, setting the legal framework and including an explicit reference to EU guidelines. Complementary national guidelines also exist. A circuit is incorporated, with a feedback loop for quality. **Sweden** commented that when they started regional cancer centres, they identified three essential variables to be documented systematically, which gave a good start in the monitoring of implementation. In 2018, **Poland** started a national cancer network pilot study, which is currently realised in four out of seventeen regions. The five most common cancers are considered (lung, breast, colon, ovary and prostate) and various indicators are measured and monitored annually.

The Netherlands asked about the role of prevention through change of lifestyle and behavioural change. For **Poland**, primary prevention is key, and the national strategy includes a portal for patients informing them how to behave healthily. In **Belgium**, prevention is mainly the responsibility of regions. This does not focus solely on cancer, but also on non-communicable diseases, advocating healthy food and lifestyle combined with physical activity.

Italy, Slovenia and **Finland** indicated their interest to present at the next session.

Europe's Beating Cancer Plan - update and Roadmap

DG SANTE updated the sub-group Members about the Europe's Beating Cancer Plan Roadmap, with a particular focus on the actions scheduled for the annual work programme for 2022. EU4Health calls² will be published on 14 October with a deadline of 25 January 2022. The draft Roadmap consists of 42 actions involving multiple Directorates General, clustered into seven main areas; Sub-group Members were informed of actions under each of these areas. It was stressed that the Roadmap and its indicators would reflect the actions included in the Europe's Beating Cancer Plan and be reviewed systematically in order to assess whether the actions taken are sufficient to achieve the objectives, or whether additional measures would be necessary. The Members of the Sub-group were invited to take note of the Europe's Beating Cancer Plan Roadmap and to reflect whether synergies might be identified with national level initiatives.

DISCUSSION

Ireland, supported by **Italy** and **France**, asked for a summary slide deck indicating the main elements of each topic in the second wave of calls under the EU4Health Programme, DG SANTE will consider once the calls are published. The main information is indicated in the work programme, supported by information days.

² https://ec.europa.eu/health/sites/default/files/funding/docs/wp2021_annex_en.pdf

In order to assist in national coordination, **Belgium** asked about the work of the two thematic sub-groups specifically linking to the Roadmap actions in 2022. DG SANTE explained that discussions in the two sub-groups follow the logic of the published Roadmap.

Slovenia asked which actions were planned for screening, to which DG SANTE replied that in the end of 2022 the Commission will submit a proposal to update the cancer screening recommendation, based on the scientific opinion, which will include possible extension to lung, prostate and gastric cancer screening. In 2021, an action will be launched on updating the European Cancer Information System to monitor and assess cancer screening programmes. "The action will consist in the collection of data from entities in the Member States that are responsible for collecting data on cancer screening, in order to provide this data to ECIS and develop a pilot of the new ECIS functionality as well as a new separate section to ensure a permanent collection and monitoring of the coverage and performance indicators of population-based cancer screening across EU."

Fair access to financial services for cancer survivors

Fair access to financial services for cancer survivors, sometimes referred to with the term 'Right to be forgotten', was raised, to ensure that cancer survivors are not discriminated against when accessing financial services such as mortgages and loans. The Commission announced to work on this issue closely with relevant stakeholders and also to engage in dialog with businesses to develop the Code of Conduct. As a preparatory work, a study is ongoing by EUHealthSupport building on the Europe's Beating Cancer Plan and the European Parliament Special Committee on Beating Cancer. The study will assess activities in EU Member States as well as take into account the views of Member State delegates and broader stakeholder audiences regarding the need for EU-level action to ensure equitable access of cancer survivors to financial products. A stakeholder consultation will take place in November 2021 and a final report delivered in February 2022.

The Members of the Sub-group were invited to provide feedback on the general approach taken as well as to suggest experts for the small-scale expert meeting and stakeholder consultation phase.

Belgium asked whether the survey would be conducted through this Sub-group, to which DG RTD explained that the Sub-group was considered the optimal vehicle for information flow. DG SANTE added that in the Europe's Beating Cancer Plan, the Commission works with banks to develop a code of conduct on fair access to financial services for cancer survivors and that this study is the very beginning of the process. Those Member States with experience in this field were asked to share expertise and information, and best practice.

Implementation of Member States' national cancer plans in relation to Europe's Beating Cancer Plan and Mission on Cancer

The Sub-group was informed of a newly started study, which addresses the linkages between the Europe's Beating Cancer Plan, the Mission on Cancer and EU Member States' national cancer plans. The study will assess how Member State level actions in the area of combatting cancer align with and contribute to the goals and targets set in the Europe's Beating Cancer Plan and the Mission on Cancer; and how the Europe's Beating Cancer Plan and the Mission on Cancer can support the implementation of these actions. As a second phase, a stakeholder consultation will take place in early 2022, to map facilitators and barriers for implementation from citizens/patients, healthcare professionals and other stakeholder perspectives. A final report will be made available in February 2022.

Mandate of Thematic Working Groups

The Commission proposed the mandates for two thematic groups of the Sub-group on a) Comprehensive Cancer Infrastructures (CCIs) (as named in the proposed Mission on Cancer)/National Comprehensive Cancer Centres (in Europe's Beating Cancer Plan) and b) the Cancer Inequalities Registry. Proposed working methods for these two thematic groups were also outlined. The thematic groups will be led by Member States with nominated representatives and ad hoc experts as required. The two thematic groups will be convened for an initial period of twelve months and will start their work very soon.

DISCUSSION

Germany commented on the first thematic group and suggested that it be led by oncological experts nominated by Member States, in order to avoid duplication. The composition could be flexible, thus representing current topics, e.g. the two Joint Actions. Whilst supporting the objectives, various adaptations of membership of the group could be considered bringing differing expertise and reporting to this Sub-group. DG SANTE explained that Member States decide who will be appointed to ensure that both policy and research worlds are represented appropriately.

France agreed with **Germany** and commented on the apparent contradiction in both the language and the mandate for the first thematic group, for example the secretarial support. DG SANTE explained that the Joint Action would not be set up in time to provide secretarial support, hence another EC-level secretariat would be provided.

Finland shared the concern for simplicity but stressed that expertise is required not just from oncology. For example, the national cancer centre addresses the entire remit from prevention to rehabilitation; it is easier for Member States to nominate and avoid potential overlaps if the mandate is clearer.

France commented on the two tasks of mapping and defining support needs and asked for clarity on what exactly 'support needs' were, including the expected outcome. **France** also asked for clarity on the linkages with the two Joint Actions, due to start in July 2022. DG RTD replied that the interlinkage is crucial, and that as these Joint Actions do not necessarily include all Member States, those not in the Joint Action should be in the thematic group, which is a forum for interaction. The support needs will help the Commission in designing tools and support for the creation of the Comprehensive Cancer Infrastructures. The outputs are twofold: how to identify support needs, and the agreed support needs. These will then be presented to the Sub-group by rapporteurs.

Belgium asked about the nature of commitment from the OECD. DG SANTE explained that it is part of the package of activities that OECD will perform with the Commission, with the latter providing additional financial support, as undertaken previously with both the OECD and the WHO.

Member States are to provide written comments to the mandates of the two thematic groups by Wednesday 29 September.

DG SANTE clarified that appointing members to the two thematic groups would be made by Member States, from either ministries or experts. Clarification would be provided on the secretariat, which would be provided by the Commission at the EU level to ensure support to the groups. The **working methods** were agreed by Member States after these small clarifications. For the **first thematic group**, DG SANTE agreed to clarify the interactions with the upcoming Joint Actions and how overlaps will be avoided. The interactions will be increased and visualised, then sent back to Member States via this Sub-group. For the **second thematic group**, there was agreement from Member States on the mandate.

Conclusion

The Chairs thanked everyone for their attention and valuable contributions and reminded participants of next meetings on 12 November 2021 and 16 December 2021.